

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE		EFFECTIVE DATE 02/14/2005	NUMBER 03.04.115
SUBJECT CONTROL OF TUBERCULOSIS IN OFFENDERS		SUPERSEDES 03.04.115 (04/13/98)	
		AUTHORITY MCL 333.2843(b); 333.5201 et seq.; 791.203	
		ACA STANDARDS 4-4355; 4-4365	
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POLICY STATEMENT:

The Department shall have a program in place to prevent and control the transmission of tuberculosis (TB) among offenders which is consistent with guidelines of the Centers for Disease Control and Prevention (CDC) and the American Thoracic Society (ATS), federal and state law, and currently acceptable medical practices.

RELATED POLICIES:

02.04.110 Control of Tuberculosis in Employees
03.04.110 Control of Communicable Diseases

POLICY:

DEFINITIONS

- A. Medical Service Provider (MSP) - A physician, physician assistant or nurse practitioner licensed by the State of Michigan or certified to practice within the scope of his/her training.
- B. Offender - A prisoner, probationer or parolee housed in a Department facility.
- C. Skin Test - A Mantoux tuberculin skin test.

GENERAL INFORMATION

- D. Active TB disease is a clinically infectious disease caused by Mycobacterium Tuberculosis organisms which are spread from person to person through the air. Active TB disease is generally manifested by a positive skin test, positive sputum cultures, abnormal chest x-ray (if the disease is in the lungs) and signs and symptoms of the disease (e.g., productive cough, coughing up blood, weight loss, loss of appetite, lethargy/weakness, night sweats, fever).
- E. TB infection exists when Mycobacterium Tuberculosis organisms are present in the body but are neither active nor infectious. TB infection is generally manifested by a positive TB skin test; however, sputum cultures negative and there are no signs and symptoms of the disease.
- F. The Chief Medical Officer of the Bureau of Health Care Services (BHCS) shall oversee TB control activities throughout the Department. This includes the authority to develop, implement, enforce, and evaluate TB control practices. Under the direction of the Chief Medical Officer, the BHCS Infectious Disease Prevention Coordinator shall coordinate and monitor tuberculosis screening and treatment programs in cooperation with the Michigan Department of Community Health.
- G. The Infectious Disease Control Committee shall maintain a TB Prevention and Control Plan requiring require early detection, isolation and treatment of prisoners with infectious TB. The plan shall specifically address the following:
 - 1. Administrative controls to reduce the risk of exposure to persons with active TB. This includes implementation of this policy and required operating procedures, training, and screening for TB infection and disease.
 - 2. Engineering controls to prevent the spread and reduce the concentration of droplet nuclei in the air using ventilation, air flow and/or particulate air filtration.

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3. Personal respiratory controls, including protective equipment used in areas where there is increased risk of exposure, as set forth in PD 02.04.110 "Control of Tuberculosis in Employees".

H. In conjunction with the Office of Training and Recruitment, Bureau of Human Resources, the BHCS Administrator shall ensure training on TB control and prevention is developed and provided to appropriate Department staff, including health care staff who administer TB skin tests or interpret the results. Health care staff who administer TB skin tests or interpret the results shall maintain certification through completion of required TB skin testing courses developed in conjunction with the Department of Community Health.

TB EDUCATION

- I. Health care staff shall provide all prisoners with written and verbal information about TB while they are in a reception facility and during their annual health screening. Probationers in the Special Alternative Incarceration Program (SAI) shall be provided such information when received at SAI. The material covered shall include at least the following:
 1. Method of transmission of TB;
 2. Signs and symptoms of TB;
 3. Value of preventive therapy;
 4. Treatment of active TB; and
 5. Risk factors for TB.
- J. An offender who refuses to submit to required screening, testing or treatment by health care staff shall be quarantined, if recommended by the Regional Medical Officer. Prisoners in a Correctional Facilities Administration (CFA) institution shall be quarantined as set forth in PD 03.04.110 "Control of Communicable Diseases".

SCREENING FOR TB

- K. Health care staff shall screen all offenders for symptoms of active TB, history of active TB, and history of treatment for TB infection or active TB as soon as possible after arrival at a reception facility or, for probationers, in SAI. All prisoners in CFA institutions, except those in SAI, shall similarly be screened on an annual basis. Screening shall include a skin test unless there is satisfactory written medical documentation of a negative skin test within the preceding 90 calendar days or of a past positive skin test, or the offender reports, or there is written medical documentation of, a past significant positive reaction. Whenever a skin test is not given, the Tuberculosis Symptoms Health Service Questionnaire (CHJ-270) shall be completed in lieu of the test; however, if there is written medical documentation of a past significant positive reaction which cannot be reliably verified, the case shall instead be referred to an MSP to determine appropriate action to be taken

SUSPECTED OR CONFIRMED ACTIVE TB

- L. Whenever an offender has suspected or confirmed active TB, staff shall immediately institute infection control procedures. This shall include placing the offender in a private room and requiring him/her to wear a surgical mask over his/her nose and mouth when s/he is in contact with others. Staff in contact with the offender shall wear a National Institute for Occupational Safety and Health (NIOSH) approved respirator, as set forth in PD 02.04.110 "Control of Tuberculosis in Employees".
- M. A prisoner in a CFA institution with suspected or confirmed active TB shall be placed in respiratory isolation and transferred as soon as possible to a negative pressure room at Duane L. Waters Hospital or other inpatient medical care facility. The prisoner shall be informed about the transmission of TB, the reasons for placement in the negative pressure room and the importance of staying in the negative pressure room. A prisoner shall not be released from the negative pressure room until infectiousness has been ruled out by health care staff and the prisoner demonstrates positive clinical response to therapy (e.g., reduction in cough, resolution of fever) or it is determined that the offender does not have active TB. A specific treatment and

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monitoring plan shall be developed for each prisoner with confirmed active TB and recorded in the health record.

- N. A prisoner with active TB shall be scheduled for clinic visits on at least monthly basis except while in a negative pressure room. Health care staff shall use a therapeutic regime determined by the Chief Medical Officer in conjunction with guidelines from the CDC and ATS to treat active TB. All treatment for active TB shall be given under direct observation by health care staff.
- O. Prisoners in a corrections center or a TRV who have suspected or confirmed active TB shall receive treatment in the community. Probationers in SAI shall be terminated from the program and returned to the jurisdiction of the sentencing court. Parolees in a corrections center or a TRV shall be treated in the community unless returned to a CFA institution for parole violation.

CONTACT INVESTIGATION

- P. Whenever an offender has confirmed active TB, health care staff shall conduct a prompt and thorough investigation of the offender's close contacts. Close contacts include persons who live with, eat with, work with or are otherwise frequently in close physical proximity to the offender. A proposed plan for the investigation shall be submitted to the Chief Medical Officer for approval. All contact investigations shall be conducted using a concentric circle process. Employees and offenders who are close contacts of the prisoner shall receive a skin test unless there is written medical documentation of a past positive skin test. Close contacts with a past positive skin test shall be screened for symptoms of active TB. If test results of close contacts indicate a rate of positive skin tests which exceed the expected rate, the investigation shall be extended to include persons with less frequent contact. Follow up screening and testing, such as retesting of close contacts who initially tested negative and screened negative for symptoms of TB, shall occur as necessary. Contact screening for offenders with community contacts shall be coordinated with local health departments.

TREATMENT OF TB INFECTION IN CFA INSTITUTIONS

- Q. Health care staff shall ensure that all prisoners in a CFA institution who have a positive skin test are evaluated to determine their need for preventive therapy for TB infection after active TB has been ruled out. The Chief Medical Officer shall identify those groups of prisoners, including pregnant prisoners, who should receive special attention regarding their need for treatment of TB infection. The facility MSP shall identify and evaluate prisoners for treatment within these groups, regardless of the age of the prisoner.
- R. Health care staff shall use a therapeutic regime determined by the Chief Medical Officer in conjunction with guidelines from the CDC and ATS to treat TB infection. All preventive therapy shall be given under direct observation by health care staff. Prisoners who have a positive skin test shall be offered HIV counseling and testing unless known to be HIV positive and already provided the counseling.
- S. Health care staff shall monitor prisoners on preventive therapy monthly for signs and symptoms of adverse reactions. Particular attention shall be given to prisoners age 35 or older.
- T. Prisoners for whom preventive therapy is recommended but who refuse or are unable to complete the course of therapy shall be counseled by health care staff to seek prompt medical attention if they develop signs and symptoms of TB.

MISSED OR REFUSED MEDICATION/APPOINTMENTS BY CFA PRISONERS

- U. A prisoner who misses a dose of medication for the treatment of either TB infection or active TB shall be scheduled for an appointment with a nurse for counseling on the importance of the medication. If the prisoner misses the scheduled appointment, health care staff shall immediately schedule the prisoner for an appointment with an MSP the next business day. If the prisoner continues to miss scheduled appointments, the case shall be referred to an MSP to determine appropriate action to be taken, consistent with Paragraph V. All missed appointments shall be documented in the prisoner's health record by the MSP or nurse.

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- V. The Regional Medical Officer shall be informed of a prisoner being treated for active TB who misses two scheduled health care appointments or who refuses medication for active TB after therapy has started. The prisoner may be quarantined from the general population as set forth in PD 03.04.110 "Control of Communicable Diseases".

BHCS DISCHARGE PLANNING FOR CFA PRISONERS

- W. Health care staff shall develop a discharge plan for each prisoner who is placed in Community Residential Programs, paroled or discharged while being treated for TB infection or active TB. The facility Health Unit Manager or designee shall advise the tuberculosis control official of the local health department in the county to which the prisoner is being released of the prisoner's TB status and the need for follow-up care. The prisoner shall be released with one month's supply of medication and written documentation confirming an appointment with the local public health department.

DATA COLLECTION AND REPORTING

- X. Health care staff shall initiate a Tuberculin Summary Record (CHJ-243) upon an offender's arrival at a reception facility or in SAI and shall update it with skin test results and other relevant data. The form shall be kept in the offender's health record and the information entered in the computerized database maintained by health care staff.
- Y. All suspected or diagnosed cases of active TB shall be reported promptly to the Chief Medical Officer and to the appropriate local health department as set forth in PD 03.04.110 "Control of Communicable Diseases". The facility physician or Health Unit Manager shall initiate and maintain contacts with the appropriate local health department TB control officers to assure timely reporting, investigation, and appropriate treatment of cases. When drug resistance is identified, this information shall be given to the appropriate local health department.
- Z. If an offender with active TB dies at a Department facility, the physician who signs the death certificate shall ensure the funeral director or his/her agent is notified, before the body is released, of appropriate infection control precautions to be taken as set forth in PD 03.04.110.

OPERATING PROCEDURES

- AA. The CFA Deputy Director and BHC Administrator shall ensure that joint procedures are developed as necessary to implement requirements set forth in this policy. The FOA Deputy Director and BHC Administrator shall similarly ensure that joint procedures are developed. The procedures shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring that their existing procedures are revised or rescinded, as appropriate, if inconsistent with policy requirements or no longer needed. Facility procedures shall not conflict with procedures issued by the Director or Deputy Director.

AUDIT ELEMENTS

- BB. A Primary Audit Elements list has been developed and will be forwarded to Wardens, Regional Medical Officers, Regional Health Administrators and the Jackson Medical Complex Administrator to assist with self audit of this policy, pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

PLC:OPH:12/21/04